

Food and Drug Administration 10903 New Hampshire Avenue Document Control Center - WO66-G609 Silver Spring, MD 20993-0002

March 24, 2015

Halyard Health, Inc. Mr. Roberto F. Refeca Associate Director, Regulatory Affairs 5405 Windward Parkway Alpharetta, GA 30004

Re: K143287

Trade/Device Name: FLUIDSHIELD* Surgical Mask with Expanded Chamber

Regulation Number: 21 CFR 878.4040 Regulation Name: Surgical apparel

Regulatory Class: Class II

Product Code: FXX

Dated: February 24, 2015 Received: February 25, 2015

Dear Mr. Refeca,

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical devicerelated adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Tejashri Purohit-Sheth, M.D. Clinical Deputy Director

Tejashri Purohit-Sheth, M.D. DAGRID/ODE/CDRH FOR

Erin Keith Director Division of Anesthesiology, General Hospital, Respiratory, Infection Control, and Dental Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120 Expiration Date: January 31, 2017 See PRA Statement below.

| 510(k) Number (if known) |
|--|
| K143287 |
| Device Name FLUIDSHIELD* Surgical Mask with Expanded Chamber |
| Indications for Use (Describe) |
| The Expanded Chamber Surgical Face Mask is intended to be worn to protect both the patient and healthcare personnel from transfer of microorganisms, body fluids and particulate material. These face masks are intended for use in infection control practices to reduce the potential exposure to blood and body fluids. This is a single use, disposable device(s), provided non-sterile. |
| 39123 Expanded Chamber Surgical Face Masks w/o Visor |
| 39124 Expanded Chamber Surgical Face Mask with Visor |
| Type of Use (Select one or both, as applicable) |
| ☐ Prescription Use (Part 21 CFR 801 Subpart D) ☐ Over-The-Counter Use (21 CFR 801 Subpart C) |

This section applies only to requirements of the Paperwork Reduction Act of 1995.

CONTINUE ON A SEPARATE PAGE IF NEEDED.

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"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

510K Owner/ Application Halyard Health, Inc. 5405 Windward Parkway Alpharetta, GA 30004

Contact Person

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Date Prepared

03-24-2015

Trade Name

FLUIDSHIELD* Surgical Mask with Expanded Chamber

Common Name

Surgical mask

Classification Name Surgical mask

Review Panel

General and Plastic Surgery

Device Classification and Product Code Class II per 21 CFR §878.4040

Product Code – FXX

Predicate Device

The Halyard FLUIDSHIELD Surgical Mask with Expanded Chamber, the subject of this submission, is substantially equivalent to the Kimberly-Clark Level 2 face masks originally cleared in K111402.

| Component | Predicate Device KC200 & 300 Surgical | | FLUIDSHIELD* Surgical Mask with Expanded Chamber (Proposed | |
|--------------------|--|--------------------------|---|--|
| | Mask (K111402) KC200 KC300 | | Device) | |
| Intended | The Kimberly-Clark, Ko | | Same: | |
| Use | Mask(s) is intended to b | | | |
| | the patient and healthcar | | The Expanded Chamber Surgical Face | |
| | transfer of microorganisms, body fluids, and | | Mask is intended to be worn to protect | |
| | particulate material. The | | both the patient and healthcare | |
| | intended for use in infec | | personnel from transfer of | |
| | to reduce the potential e | | microorganisms, body fluids and | |
| | to blood and body fluids | | particulate material. These face masks | |
| | KC200 and KC300 face | | are intended for use in infection control | |
| | use, disposable device(s Same |), provided non-sterile. | practices to reduce the potential exposure to blood and body fluids. This | |
| | Same | | is a single use, disposable device(s), | |
| | | | provided non-sterile. | |
| Mask | Flat Pleated | | Expanded Chamber (Duckbill) | |
| Design | That I leated | | 1 | |
| Sterile | Non Sterile | | Non Sterile | |
| Single Use | Yes | | Yes | |
| Outer Facing | Polyester Cellulose | Orange | Top Half: Blue Polypropylene | |
| | (Blue/Orange Print) | Polypropylene | Spunbond (w Print) | |
| | | Spunbond | Bottom Half: White Polypropylene | |
| | 5. | | Spunbond | |
| Spunbond | Polypropylene Spunbond | | Polypropylene Spunbond | |
| Middle | | | | |
| Layer Meltblown | Delever and a Meldeless | | Dolymanylona Malthlayyn | |
| Middle | Polypropylene Meltblown | | Polypropylene Meltblown | |
| Layer | | | | |
| Inner Facing | Polyester Cellulose | | Polyethylene/Polyester | |
| Layer | 1 offester certaiose | | | |

| Component | Predicate Device KC200 & 300 | FLUIDSHIELD* Surgical Mask | |
|--------------------|--|---------------------------------|-------------------------------|
| - | KC200 | KC300 | with Expanded Chamber |
| Tomond | Delvester Cavalence of Delveste | avlaga Carrahand | (Proposed Device) |
| Top and | Polyester Spunlace or Polypro | pylene Spunbona | Polypropylene Spunbond |
| Bottom | | | |
| Binding | D.1 | | D.I G. I |
| Ties | Polyester Spunl | Polyester Spunlace or | |
| | | Polypropylene Spunbond | |
| Branding | Kimberly-Clark, Marken | Halyard Branding (Colorant not | |
| ~ 1 | 77 | used, embossed logo) | |
| Style | Flat-pleated | | Expanded Chamber |
| Offered with Visor | Yes | | Yes |
| Product | Meets ASTM F2100-11, ASTM | Meets ASTM | Meets ASTM F2100-11, ASTM |
| Performance | F1862-07, ASTM F2101-07, | F2100-11, | F1862-07, ASTM F2101-07, |
| Specificatio | ASTM F2299-03, MIL- | ASTM F1862- | ASTM F2299-03, MIL-M369454C |
| ns | M369454C | 07, ASTM | 16 CFR 1610 (PSC CS-191-53) |
| | 16 CFR 1610 (PSC CS-191-53) | F2101-07, | |
| | ACTIVITY 12 D. C | ASTM F2299- | A CEDAL 12 D. C |
| | ASTM Level 2 Performance | 03, MIL- M369454C | ASTM Level 2 Performance |
| | (KC200) | 16 CFR 1610 | (KC200) |
| | | (PSC CS-191-53) | |
| | | (FSC CS-191-33) | |
| | | ASTM Level 3 | |
| | | Performance | |
| | | (KC300) | |
| Biocompatib | Biocompatible, Non-cytotoxic, Non-sensitizing, | | Biocompatible, Non-cytotoxic, |
| ility | Non-irritating | Non-sensitizing, Non-irritating | |
| Dimensions | 6.5" ± 0.75" | 6.5" ± 0.75" | $7.5" \pm 0.11"$ |
| Width | | | |
| (Cheek to | | | |
| Cheek) | | | |
| Dimensions | 4" ± 0.75" | 4" ± 0.75" | $8.3" \pm 0.4"$ |
| Length | | | |
| (Nose to | | | |
| Chin) | | | |

Device Description

The product is a face mask utilizing an expanded chamber design consisting of nonwoven spunbond, nonwoven meltblown, and nonwoven inside layer material, nosepiece, and nonwoven ties and may be produced with or without a visor.

Intended Use

The Expanded Chamber Surgical Face Mask is intended to be worn to protect both the patient and healthcare personnel from transfer of microorganisms, body fluids and particulate material. These face masks are intended for use in infection control practices to reduce the potential exposure to blood and body fluids. This is a single use, disposable device(s), provided non-sterile.

Model Numbers

39123 Expanded Chamber Surgical Face Mask (w/o Visor) 39124 Expanded Chamber Surgical Face Mask (with Visor)

Technological Characteristics

There FLUIDSHIELD* Surgical Mask with Expanded Chamber is substantially equivalent to the current ASTM F2100-11 Level 2 Surgical Mask (K111402), the product conforms with ASTM 2100-11 and the Guidance for Industry and FDA Staff: Surgical Masks-Premarket Notification 510K Submissions, issued March 5, 2004.

Performance Testing

The **FLUIDSHIELD* Surgical Mask with Expanded Chamber** has been tested according to ASTM 2100-11, and meets the requirements for a Level 2 designation:

| Performance Characteristic, Level II per | Applicable Testing and/or Referenced | FLUIDSHIELD* Surgical Mask with Expanded |
|--|--------------------------------------|--|
| ASTM F2100 | Standard (Method) | Chamber |
| Differential Pressure mm H2O/cm ² | MIL-M-36954C | Met Acceptance Criteria |
| PFE- Particulate Filtration | ASTM F2299 | Met Acceptance Criteria |
| BFE-Bacterial Filtration | ASTM F2101 | Met Acceptance Criteria |
| Flammability | 16 CFR Part 1610 | Met Acceptance Criteria |
| Fluid Resistance, synthetic blood | ASTM F1862 | Met Acceptance Criteria |
| Biocompatibility (Mask and Visor) | ISO 10993 | Met Acceptance Criteria |

Summary of Test Results and Conclusion

All safety and performance testing conducted met the acceptance criteria.

The conclusions drawn from the non-clinical tests demonstrate that the device is substantially equivalent to the predicate device, K111402.